PTO/SB/19 (03-01) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

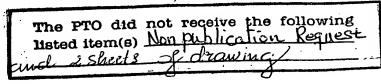
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PLANT

Attorney Docket No. Poulfl001 L. Pernille Olesen First Named Inventor

PATENT APPLICATION									
TRANSMITTAL	Title ROSE PLANT NAMED 'POULf1001								
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. EV 374 922 478 US								
Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231									
APPLICATION ELEMENTS See MPEP chapters 600 & 1600 concerning plant patent application cont	ents. ACCOMPANYING APPLICATION PARTS								
See MPEP chapters 600 & 1600 concerning plant patent application contents. The Transmittal Form (e.g., PTO/SB/17)									
Customer Number or Bar Code label (Insert Customer No. or Attack	h bar code label here) 0r Correspondence address below								
Name Poulsen Roser Pacific, Inc.									
Address 620 South Front Street									
City Central Point State	OR Zip Code 97502								
COUNTRY USA / Telephone	9 (541)245-8050 Fax (541) 665-2252								
Name (Print/Type) Mogens N. Olesen Registration No. (Attorney/Agent)									

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PTO/SB/17 (01-03)

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FEE TO A NICHAITT		Complete if Known							
FEE TRANSMITTAL		Application Number							
for EV 2002		Filing	Date				·		
for FY 2003 Effective 01/01/2003. Patent fees are subject to annual revision.		First I	First Named Inventor L. Pernill			lle Olesen			
		Exam	Examiner Name						
			Art Unit 1661						
TOTAL AMOUNT OF PAYMENT (\$) 305.00		Attorney Docket No. POULfl001- APP							
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
Check Credit card Money Other None 3. ADDITIONAL FEES Large Entity Small Entity									
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The Commissioner is authorized to: (check all that apply)	105				on-English spe or filing a reque		te reevamination	\vdash	
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		3 1,300	2453	650 P	etition to reviv	e - unintentio	onal		
2. EXTRA CLAIM FEES FOR UTILITY AND REIS Fee from _	150	1 1,300	2501	650 L	Itility issue fee	(or reissue)			
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Claims -3	146		1807		Processing fee				
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1201 64 2201 42 Independent claims in excess of 1203 280 2203 140 Multiple dependent claim, if no	\ / \	0 750	2810	375 F	or each addition	CFR 1.129(a)) each additional invention to be			
1204 84 2204 42 ** Reissue independent claims over original patent	180	1 750	2801	examined (37 CFR 1.129(b))					
1205 18 2205 9 ** Reissue claims in excess of and over original patent	I								
Other fee (specify)									
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00)	
SUBMITTED BY (Complete (if applicable)									
Name (Print/Type) Ken Ryneares n		Registration No. (Attomey/Agent) Telephone 541 245-8050							
Signature		, ration 10 y/				Date	29 March 200)4	

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